



PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

LOBBYIST REGISTRATION

L1

(12/03)

DATE FILED PDC

DEC 31 2018

1. Lobbyist Name

Bogard & Johnson, LLC

Permanent Business Address

200 Union Avenue

City

Olympia

State

WA

Zip

98501

Business Telephone Numbers

Permanent (360) 956-3322

Temporary ()

Cell Phone (206) 979-0326
or Pager

E-Mail Address

becky@bogardjohnson.com

2. Temporary Thurston County address during legislative session

Employer's occupation, business or description of purpose of organization

3. Employer's name and address (person or group for which you lobby)

Washington Dental Hygienists' Association
PO Box 389, Lynnwood, WA 98046

Association of healthcare providers

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the annual L3 report)

Pamela An
WDHA, PO Box 389, Lynnwood, WA 98046

E-Mail Address

wsdha@comcast.net

5. What is your pay (compensation) for lobbying?

\$ 2,575.00 per month
(hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

- ☐ Full time employee
☐ Part time or temporary employee
☒ Contractor, retainer or similar agreement
☐ Unsalariated officer or member of group
- ☐ Sole duty is lobbying
☐ Lobbying is only a part of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

- ☐ Yes: \$ _____ per _____
☒ Yes: I am reimbursed for expenses.
☐ No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly? If yes, explain which ones.

7. How long do you expect to lobby for this organization?

- ☒ Permanent lobbyist
☐ Only during legislative session
☐ Other, Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

- ☐ No
☒ Yes. However, no member has paid, pays, or is expected to pay over \$500.
☐ Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

- ☐ No
☒ Yes. Name of the committee is: WHY-PAC

10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for Instructions.)

Melissa Johnson, Becky Bogard

11. Areas of Interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

- | | | | |
|----------------------------------------|---------------------------------------------------|----------------------------------------|------------------------------|
| CODE | SUBJECT | CODE | SUBJECT |
| 01 <input type="checkbox"/> | Agriculture | 09 <input type="checkbox"/> | Higher education |
| 02 <input type="checkbox"/> | Business and consumer affairs | 10 <input checked="" type="checkbox"/> | Human services |
| 03 <input type="checkbox"/> | Constitutions and elections | 11 <input type="checkbox"/> | Labor |
| 04 <input checked="" type="checkbox"/> | Education | 12 <input type="checkbox"/> | Law and justice |
| 05 <input type="checkbox"/> | Energy and utilities | 13 <input type="checkbox"/> | Local government |
| 06 <input type="checkbox"/> | Environmental affairs - natural resources - parks | 14 <input type="checkbox"/> | State government |
| 07 <input type="checkbox"/> | Financial institutions and insurance | 15 <input type="checkbox"/> | Transportation |
| 08 <input checked="" type="checkbox"/> | Fiscal | 16 <input checked="" type="checkbox"/> | Other - Specify: health care |

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE

DATE

Becky Bogard

12/30/18

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

Pamela An
Pamela An, Executive Director

12/13/18

NOT VALID UNLESS SIGNED BY BOTH